Idaho Workers' Compensation Deductible Policy Report (IC-4008LD) Instructions

THIS REPORT MUST BE COMPLETED BY AN AUTHORIZED INSURANCE COMPANY CPF" UGP V'ANNUALLY TO THE IDAHO INDUSTRIAL COMMISSION. 'GXGP 'HI' QWJ CXG' POPG VJ HU'REPORT MUST BE RECEIVED H' VJ HU'QHHEG'PQ'NCVGT'VJ CP 'MARCH 3RD0

If your company has filed with the Idaho Department of Insurance an endorsement to offer a Workers' Compensation Deductible Program to its Idaho employers, the following annual reporting information is required. The information should include all policies with a deductible limit issued within the calendar year (whether or not they are "booked" or "processed") including those policies with zero premiums. Also to be included are policies with any adjustments, audits, refunds, and/or credits that occurred during the calendar year.

HEADING: Print the name of the Insurance Company and the calendar year

COLUMN 1: COUNT – The number of deductible policies written by the authorized Insurance Company. If more than one page is needed, please continue on another page and include the count and **total the Deductible and Premiums on the last page.**

COLUMN 2: POLICYHOLDER NAME – Policyholder/Insured's name

COLUMN 3: POLICY NUMBER – Policy number assigned to the policyholder.

COLUMN 4: POLICY EFFECTIVE DATE – The date the policy goes into effect.

COLUMN 5: POLICY END DATE – The date the policy expires.

COLUMN 6: DEDUCTIBLE LIMIT – The retention limit applicable to the policy.

COLUMN 7: NET PREMIUM WRITTEN BEFORE DEDUCTIBLE – The <u>manual Workers' Compensation</u> <u>Premium Amount</u> attributable to <u>Idaho only employees</u> that would have been charged to the policyholder if the deductible was not taken.

COLUMN 8: NET PREMIUM WRITTEN AFTER DEDUCTIBLE – The <u>Workers' Compensation Premium Amount</u> attributable to <u>Idaho only employees</u> actually charged to the policyholder when the deductible is taken.

At the Bottom of the Final Report Page:

TOTALS: Sum all Deductible Limits, Premium before Deductible, and Premium after Deductible

EXPLANATION SECTION: Briefly describe any variance between policy information reported on the IC-4008LD and policy information contained in the Schedule of Operations and Information page of each deductible policy written.

Sign the Report, date it, print your name, title and phone number.

MAIL TO: IDAHO INDUSTRIAL COMMISSION

ATTENTION: FISCAL P.O. BOX 83720

BOISE, ID 83720-0041

PHYSICAL ADDRESS:

FISCAL SECTION 700 S. CLEARWATER LANE BOISE, ID 83712

If you have any questions, please contact one of the following Financial Specialists.			
For company names	Α,	Therese Ryan	at (208) 334-6095 or therese.ryan@iic.idaho.gov
beginning with:	B - M,	Alan Pace	at (208) 334-6083 or alan.pace@iic.idaho.gov
	N - Z,	Shelly Tudela	at (208) 334-6026 or shelly.tudela@iic.idaho.gov